

## SEMINOLE COUNTY GOVERNMENT AGENDA MEMORANDUM

**SUBJECT:** Florida Half Century 2009-2010 Senior State Softball Tournaments

**DEPARTMENT:** Economic Development

**DIVISION:** Tourism Development

**AUTHORIZED BY:** William McDermott

**CONTACT:** Shani Beach

**EXT:** 7135

**MOTION/RECOMMENDATION:**

Approve and authorize the Chairman to execute an agreement with Florida Half Century Amateur Softball Association, Inc. for the Slow Pitch Softball Tournaments for Seniors in the amount of \$12,364.00.

County-wide

William McDermott

**BACKGROUND:**

Florida Half Century ASA, Inc. promotes and conducts slow-pitch softball tournaments for players 50 years of age and older. This is the organization's second request for tourist tax funding. In FY 2008-09, five tournaments were held in Seminole County with an average of 204 hotel rooms and average economic impact of approximately \$232,000.

This year's event will consist of four tournaments taking place in November, January, March and April. These tournaments will attract multiple teams from throughout the state of Florida. Tourist tax funds will be used to pay facility fees at the Seminole County Softball Complex (\$1,481.00 per tournament) and Merrill Park Softball Complex. (\$1,610.00 per tournament). The Tourist Development Council recommended approval of this expenditure at their September 10, 2009 meeting. Funds are available in Tourism Development's FY 2009-10 promotional budget.

**STAFF RECOMMENDATION:**

Staff recommends that the Board approve and authorize the Chairman to execute an agreement with Florida Half Century Amateur Softball Association, Inc. for the Slow Pitch Softball Tournaments for Seniors in the amount of \$12,364.00.

**ATTACHMENTS:**

1. Agreement

**Additionally Reviewed By:**

- ☒ Budget Review ( Lisa Spriggs, Ryan Switzer )
- ☒ County Attorney Review ( Ann Colby )

**2009-2010 FLORIDA HALF CENTURY SENIOR STATE  
SOFTBALL TOURNAMENT AGREEMENT**

**THIS AGREEMENT** is made and entered this \_\_\_\_\_ day of \_\_\_\_\_, 2009, by and between **SEMINOLE COUNTY**, a political subdivision of the State of Florida, whose address is Seminole County Services Building, 1101 East First Street, Sanford, Florida 32771, hereinafter referred to as "COUNTY", and **FLORIDA HALF CENTURY AMATEUR SOFTBALL ASSOCIATION, INC.**, whose address is 14607 Brentwood Lane, Tampa, Florida 33618, hereinafter referred to as "FHCASA".

**W I T N E S S E T H:**

**WHEREAS**, the Florida State Legislature enacted Section 125.0104, Florida Statutes, known as the "Local Option Tourist Development Act" in response to the growing need of Florida counties to provide additional revenue sources for tourist development to stimulate the local economy; and



**WHEREAS**, Section 125.0104, Florida Statutes, provides that Tourist Development Tax Revenues may be used to acquire, construct, extend, enlarge, remodel, repair, improve, maintain, operate, or promote publicly owned or operated convention centers, sports stadiums, sports arenas, coliseums, or auditoriums within the boundaries of COUNTY's special taxing district in which the tax is levied; and

**WHEREAS**, the voters of Seminole County approved by referendum the imposition of the Tourist Development Tax on transient rental accommodations in Seminole County; and

**WHEREAS**, COUNTY, in coordination with the Tourist Development Council, wishes to appropriate Tourist Development Tax Revenues as operational funds to host the 2009-2010 Florida Half Century Senior State Softball Tournaments to be held at Merrill Park in Altamonte Springs, Florida, and the Seminole County Softball Complex, both

publicly owned and operated baseball facilities, on November 21-22, 2009, January 23-24, 2010, March 6-7, 2010, and April 3-4, 2010; and

**WHEREAS,** said tourist tax monies will be used to pay user fees for the above-listed publicly owned and operated facilities,

**NOW, THEREFORE,** in consideration of the mutual understandings and agreements set forth herein, COUNTY and FHCASA agree as follows:

**Section 1. Term.** This Agreement shall be effective from the date of its execution by the parties until September 30, 2010, unless earlier terminated as provided herein.

**Section 2. Termination.** This Agreement may be terminated by either party at any time, with or without cause, upon not less than thirty (30) days written notice to the other party as provided for herein or, at the option of COUNTY, immediately in the event that FHCASA fails to fulfill any of the terms, understandings, or covenants of this Agreement. COUNTY shall not be obligated to pay for any services provided or costs incurred by FHCASA after FHCASA has received notice of termination.

**Section 3. Services.**

(a) The funds from this Agreement shall be used to pay facility use fees at Merrill Park and the Seminole County Softball Complex for the four (4) tournament periods for the Florida Half Century Senior Softball Tournaments as described in Exhibit A, attached hereto and incorporated herein.

(b) FHCASA shall submit written invoices to COUNTY for payment of facility use for the tournaments, to the City of Altamonte Springs and Seminole County, for combined usage of the above listed facilities not to exceed a total of TWELVE THOUSAND THREE HUNDRED SIXTY-FOUR AND NO/100 DOLLARS (\$12,364.00).

(c) The COUNTY shall pay the above listed invoices from tourist tax funds no later than thirty (30) days after their submission.



(d) All promotional packages sent out by FHCASA for the Tournaments, as listed in Exhibit "A", must contain a list of Seminole County hotels provided by the Seminole County Convention and Visitors Bureau. No other hotel list may be included in the promotional packet. All such promotional packets must be approved by COUNTY prior to distribution in order to qualify for reimbursement.

(e) FHCASA shall permit a third-party company, as designated by the COUNTY to conduct on-site surveys during the 2009-2010 Florida Half Century Senior State Softball Tournaments to coordinate the survey process. FHCASA shall cooperate in making their tournaments accessible in whatever manner necessary for completion of the survey.

(f) FHCASA shall be required to have and maintain a website for the purpose of promoting tourism to and attendance at FHCASA's Tournaments. Said website shall be linked to the Seminole County Tourism website ([www.visitseminole.com](http://www.visitseminole.com)) and such link shall be maintained throughout the duration of this Agreement.

(g) Failure to comply with or failure to meet the requirements of this Section, including time deadlines, shall result in termination of this Agreement and forfeiture of all financial assistance rendered to FHCASA by COUNTY pursuant to this Agreement.

#### **Section 4. Liability and Insurance.**

(a) **Liability.** COUNTY and its Commissioners, officers, employees, and agents shall not be deemed to assume any liability for the acts, omissions and negligence of FHCASA and its officers, employees, and agents in the performance of services provided hereunder:

(b) **Insurance.**

(1) FHCASA shall furnish COUNTY with a Certificate of Insurance signed by an authorized representative of the insurer evidencing the insurance required by this Section (Commercial General Liability). COUNTY, its officials, officers and employees shall be

named additional insured under the Commercial General Liability policy. The Certificate of Insurance shall provide that COUNTY shall be given not less than thirty (30) days written notice prior to the cancellation or restriction of coverage. Until such time as the insurance is no longer required to be maintained by FHCASA, FHCASA shall provide COUNTY with a renewal or replacement Certificate of Insurance not less than thirty (30) days before expiration or replacement of the insurance for which a previous certificate has been provided.

(2) The Certificate of Insurance shall contain a statement that it is being provided in accordance with this Agreement and that the insurance is in full compliance with the requirements of this Agreement. In lieu of the statement on the Certificate, FHCASA shall, at the option of COUNTY, submit a sworn, notarized statement from an authorized representative of the insurer that the Certificate is being provided in accordance with this Agreement and that the insurance is in full compliance with the requirements of this Agreement.

(3) In addition to providing the Certificate of Insurance, if required by COUNTY, FHCASA shall, within thirty (30) days after receipt of the request, provide COUNTY with a certified copy of each of the policies of insurance providing the coverage required by this Section.

(4) Neither approval by COUNTY nor failure to disapprove the insurance furnished by FHCASA shall relieve FHCASA of its full responsibility for performance of any obligation including its indemnification of COUNTY under this Agreement.

(5) Insurance Company Requirements. Insurance companies providing the insurance under this Agreement must meet the following requirements:

(A) Companies issuing policies must be authorized to conduct business in the State of Florida and prove same by maintaining



Certificates of Authority issued to the companies by the Department of Insurance of the State of Florida.

(B) In addition, such companies other than those authorized by Section 624.4621, Florida Statutes, shall have and maintain a Best's Rating of "A-" or better and a Financial Size Category of "VII" or better according to A.M. Best Company.

(C) If during the period which an insurance company is providing the insurance coverage required by this Agreement an insurance company shall: 1) lose its Certificate of Authority, or 2) fail to maintain the requisite Best's Rating and Financial Size Category, FHCASA shall, as soon as it has knowledge of any such circumstance, immediately notify COUNTY and immediately replace the insurance coverage provided by the insurance company with a different insurance company meeting the requirements of this Agreement. Until such time as FHCASA has replaced the unacceptable insurer with an insurer acceptable to COUNTY, FHCASA shall be deemed to be in default of this Agreement.

(6) Specifications. Without limiting any of the other obligations or liability of FHCASA, FHCASA shall, at its sole expense, procure, maintain, and keep in force amounts and types of insurance conforming to the minimum requirements set forth in this Section. Except as otherwise specified in this Agreement, the insurance shall become effective prior to the commencement of the Tournaments and shall be maintained in force until this Agreement completion date. The amounts and types of insurance shall conform to the following minimum requirements.

(A) Commercial General Liability.

(i) FHCASA's insurance shall cover FHCASA for those sources of liability which would be covered by the latest edition of the standard Commercial General Liability Coverage Form (ISO Form CG 00 01), as filed for use in the State of Florida by the Insurance

Services Office, without the attachment of restrictive endorsements other than the elimination of Coverage C, Medical Payment, and the elimination of coverage for Fire Damage Legal Liability.

(ii) The minimum limits to be maintained by FHCASA (inclusive of any amounts provided by an Umbrella or Excess policy) shall be as follows:

	<u>LIMITS</u>
General Aggregate	Two (2) Times the Each Occurrence Limit
Personal & Advertising Injury Limit	\$1,000,000.00
Each Occurrence Limit	\$1,000,000.00

(7) Coverage. The insurance provided by FHCASA pursuant to this Agreement shall apply on a primary basis and any other insurance or self-insurance maintained by COUNTY or COUNTY's officials, officers or employees shall be excess of and not contributing with the insurance provided by or on behalf of FHCASA.

(8) Occurrence Basis. The Commercial General Liability required by this Agreement shall be provided on an occurrence rather than a claims-made basis.

**Section 5. Billing and Payment.** COUNTY hereby agrees to provide funds up to a maximum sum of TWELVE THOUSAND THREE HUNDRED SIXTY-FOUR AND NO/100 DOLLARS (\$12,364.00) for facility use fees for the Tournaments listed in Exhibit A to this Agreement. Said funds are payable upon:

(a) Receipt by COUNTY of a Request for Funds Form, attached hereto and incorporated herein as Exhibit B, and a facility use invoice from FHCASA requesting all or part of the above be paid by COUNTY. Such request by FHCASA shall only be for the facility use fees specifically provided for herein. Such Request for Funds Form shall be properly completed and submitted no later than thirty (30) days after each tournament. Failure to comply with this requirement shall result in termination of this Agreement and forfeiture of all financial assistance

granted to FHCASA pursuant to this Agreement.

(b) Verification by the Seminole County Economic Development/Tourism Director that FHCASA has held the tournaments for which facility use fees are sought and has complied with the reporting requirements contained hereinafter;

(c) The original payment requests shall be sent to:

Original: Director  
Seminole County Economic Development/Tourism  
1055 AAA Drive, Suite 145  
Heathrow, Florida 32746

A duplicate payment request shall be sent to:

Duplicate: Director, Department of Finance  
Seminole County Services Building  
1101 East First Street  
Sanford, Florida 32771

(d) The Request for Funds Form shall be accompanied by a detailed report of the economic impact on COUNTY resulting from the Tournament funds for which have been provided hereunder. Such report, attached hereto and incorporated herein as Exhibit C, shall include, but not be limited to, the actual number of hotel or motel rooms occupied, restaurant meals consumed, and estimated goods and services expenditures.

(e) FHCASA is responsible for documenting the number of room nights actually utilized per event at each Seminole County hotel. FHCASA must have each hotel individually certify the actual number of rooms picked up by having the General Manager complete the Hotel Room Pickup Form, attached hereto and incorporated herein as Exhibit D. No payments will be processed until all required documentation has been submitted. COUNTY reserves the right to reduce the maximum amount of any grant awarded in the event guaranteed room nights as stated in Exhibit A are not satisfied.

(f) Payment of fees shall be contingent upon FHCASA's compliance with requirements as stated in Exhibit A.



**Section 6. Reporting Requirements.** In the performance of this Agreement, FHCASA shall maintain books, records, and accounts of all activities in compliance with normal accounting procedures. Each Request for Funds Form shall detail costs incurred. As referenced in Exhibit A, FHCASA shall transmit and certify interim records with each Request for Funds Form submitted to COUNTY.

**Section 7. Non-Reimbursable Expenditures.**

(a) Non-reimbursable expenditures include, but are not limited to, legal, engineering, accounting, auditing, planning, feasibility studies or consulting services, real property or capital improvements, interest reduction in deficits and liens, prize money, scholarships, awards, plaques or certificates, private entertainment, lodging, food and beverages, and wages, salaries, administrative or travel expenses other than those appearing, if any, in Exhibit A.

(b) The purpose for which Tourist Development Tax grant funds are provided to FHCASA shall not duplicate programs for which monies have been received, committed, or applied for from another source. The monies provided hereunder shall be expended only for the activities or purposes set forth in Exhibit A.

**Section 8. Unavailability of Funds.** FHCASA acknowledges that Tourist Development Tax revenues are the source of funding for this Agreement and that no other COUNTY revenues shall or may be utilized to meet COUNTY's obligations hereunder. If, for whatever reason, the funds pledged by COUNTY to this program should become unavailable, this Agreement may be terminated immediately, at the option of COUNTY, by written notice of termination to FHCASA as provided hereinafter. COUNTY shall not be obligated to pay for any services provided or costs incurred by FHCASA after FHCASA has received such notice of termination.

In the event there are any unused COUNTY funds, FHCASA shall promptly refund those funds to COUNTY or otherwise use such funds as COUNTY

directs.

**Section 9. Access to Records.** FHCASA shall allow COUNTY, its duly authorized agent, and the public access to such of its records as are pertinent to all services provided hereunder at reasonable times and under reasonable conditions for inspection and examination in accordance with Florida Statutes.

**Section 10. Liaison.** FHCASA shall submit the original copies of the Request for Funds Forms, and any other required reports or correspondence to the following:

Director  
Seminole County Economic Development/Tourism  
1055 AAA Drive, Suite 145  
Heathrow, Florida 32746

**Section 11. Notices.** Whenever either party desires to give notice unto the other, it shall be given in writing by certified United States mail, with return receipt requested, and sent to:

**For COUNTY:**



Director  
Seminole County Economic Development/Tourism  
1055 AAA Drive, Suite 145  
Heathrow, Florida 32746

**For FHCASA:**

Duane Jones  
14607 Brentwood Lane  
Tampa, Florida 33618

Either of the parties may change, by written notice as provided above, the person or address for receipt of notice.

**Section 12. Assignments.** Neither party to this Agreement shall assign this Agreement nor any interest arising herein without the written consent of the other.

**Section 13. Entire Agreement.**

(a) It is understood and agreed that the entire agreement of the parties is contained herein and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject

matter hereof as well as any previous agreements presently in effect between the parties relating to the subject matter hereof.

(b) Any alterations, amendments, deletions, or waivers of the provisions of this Agreement shall be valid only when expressed in writing and duly signed by the parties.

**Section 14. Compliance with Laws and Regulations.** In providing all services pursuant to this Agreement, FHCASA shall abide by all statutes, ordinances, rules, and regulations pertaining to or regulating the provisions of such services including those now in effect and hereafter adopted. Any violation of said statutes, ordinances, rules, or regulations shall constitute a material breach of this Agreement and shall entitle COUNTY to terminate this Agreement immediately upon delivery of written notice of termination to FHCASA as provided hereinabove.

**Section 15. Conflict of Interest.**

(a) FHCASA agrees that it will not engage in any action that would create a conflict of interest in the performance of its obligations pursuant to this Agreement with COUNTY or which would violate or cause others to violate the provisions of Part III, Chapter 112, Florida Statutes, relating to ethics in government.

(b) FHCASA hereby certifies that no officer, agent, or employee of COUNTY has any material interest (as defined in Section 112.312(15), Florida Statutes, as over 5 percent), either directly or indirectly, in the business of FHCASA to be conducted here and that no such person shall have any such interest at any time during the term of this Agreement.

(c) Pursuant to Section 216.347, Florida Statutes, FHCASA hereby agrees that monies received from COUNTY pursuant to this Agreement will not be used for the purpose of lobbying the legislature or any other State or Federal agency.



IN WITNESS WHEREOF, the parties to this Agreement have caused their names to be affixed hereto by the proper officers thereof for the purposes herein expressed on the day and year first above written.

ATTEST:

FLORIDA HALF CENTURY AMATEUR  
SOFTBALL ASSOCIATION, INC.

\_\_\_\_\_  
, Secretary

By: \_\_\_\_\_  
MIKE PILVER, President

ATTEST:

BOARD OF COUNTY COMMISSIONERS  
SEMINOLE COUNTY, FLORIDA

\_\_\_\_\_  
MARYANNE MORSE  
Clerk to the Board of  
County Commissioners of  
Seminole County, Florida.

By: \_\_\_\_\_  
BOB DALLARI, Chairman

Date: \_\_\_\_\_

For the use and reliance  
of Seminole County only.

Approved as to form and  
legal sufficiency.

As authorized for execution  
by the Board of County Commissioners  
at their \_\_\_\_\_, 20\_\_\_\_  
regular meeting.



\_\_\_\_\_  
County Attorney

AEC/sjs  
9/28/09  
P:\Users\Legal Secretary CSB\Economic Development\Half Century Senior State Softball.doc

Attachments:

- Exhibit A - Project Description and Expenses
- Exhibit B - Request For Funds Form
- Exhibit C - Economic Impact Report
- Exhibit D - Hotel Room Pickup Form

**PART II APPLICATION FOR FUNDS**  
**TOURIST DEVELOPMENT SPONSORSHIP**

**I. GENERAL INFORMATION**

(1) NAME OF ORGANIZATION Florida Half Century Amateur Softball Association Inc.

(2) NAME OF EVENT State Senior Softball Tournaments

(3) CONTACT PERSON Duane Jones

(4) CONTACT PERSON E-MAIL duanejones@mindspring.com

(5) COMPLETE ADDRESS OF ORGANIZATION:

STREET 14607 Brentwood Lane

CITY Tampa . ST. FL . ZIP 33618

PHONE: (813) 453-8302 .. CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

(6) ORGANIZATION'S CHIEF OFFICIAL: Mike Pilver

TITLE: Chairman Address if different from above:

6853 Circle Creek Drive Pinellas Park, FL 33781

PHONE: (727) 235-1636. CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

(7) INTENDED USE OF FUNDS: (Refer to Pages 6-7 - Authorized/Unauthorized  
Uses of Funds: Facility Use Fees for Merrill Park and Seminole County Softball Complex

(8) AMOUNT REQUESTED \$12,364- Facility Fees (See Invoices Attached)

(9) IF ENTIRE REQUEST CANNOT BE FUNDED, CAN THE EVENT BE RESTRUCTURED FOR LESS  
FUNDING? ☐ YES ☐ NO

## **II DETAILS ON YOUR ORGANIZATION:**

**In narrative form please describe your organization in the following areas. If needed, use a separate sheet to complete these questions in detail. Please see Attachment A.**

- (1) What are your organization's goals and objectives?**

See Attachment A

- (2) What services does your organization provide?**

See Attachment A

- (3) How will your organization monitor expenditure of funds?**

See Attachment A

- (4) How will your event bring additional visitors and hotel room nights to Seminole County?**

See Attachment A

- (5) What is your organization's experience in managing sponsorships and grants?**

See Attachment A



**III EVENT INFORMATION (Use additional sheets where necessary.)**

- (1) EVENT NAME: : Florida Half Century Softball Tournaments  
(2) TYPE OF EVENT: Slow Pitch Softball Tournaments for Seniors  
(3) DATE OF EVENT: November 21-22, 2009 January 23-24, 2010 March 6-7, 2010 April 3-4, 2010.  
(4) LOCATION OF EVENT: Merrill Park and Seminole County Softball Complex  
(5) NUMBER OF DAYS: 2 Days  
HOURS: FROM: 8:00am. TO: 5:00pm.

**(6) EVENT PROMOTER (IF OTHER THAN YOUR ORGANIZATION)**

NAME OF PROMOTER Altamonte Sports  
COMPANY NAME City of Altamonte Springs  
ADDRESS: 225 Newburyport Avenue, Altamonte Springs, FL 32701  
PHONE and FAX (407) 571-8746 and (407) 571-8752

**PROJECTED NUMBER OF EXPECTED ADULT PARTICIPANTS (per tournament)**

OUT OF STATE: 0

IN-STATE NON-LOCAL: 600 (50 teams X 12 players per team)

IN-STATE NON-COUNTY: 60 (5 teams X 12 players per team)

**PROJECTED NUMBER OF EXPECTED YOUTH PARTICIPANTS**

OUT OF STATE: 0

IN-STATE NON LOCAL: 0

IN STATE NON-COUNTY: 0

**PROJECTED NUMBER OF ADULT SPECTATORS:**

OUT OF STATE: 0

IN-STATE NON LOCAL: 300

IN STATE NON-COUNTY: 60

**PROJECTED NUMBER OF YOUTH SPECTATORS**

OUT OF STATE: 0

IN-STATE NON LOCAL: 60

IN-STATE NON COUNTY: 6

**PROJECTED NUMBER OF MEDIA, STAFF, OFFICIALS**

OUT OF STATE: 0

IN-STATE NON LOCAL: 6 per tournament

IN STATE NON-COUNTY: 2

**EXPECTED NUMBER OF ROOM NIGHTS: 125 room nights per tournament**

EXPECTED AVERAGE ROOM RATE: \$79.00

EXPECTED FACILITY FEES: \$3,091 per tournament for two facilities (SCSC, and Merrill Park)

EXPECTED ADDITIONAL EVENT EXPENSES: Please see Budget Expenses

\*In-state Non-Local: Participant or Spectator that resides outside of a 100 mile radius. \* In-State Non-County: Participant or Spectator that resides within a 100 mile radius but not within Seminole County.

(11) THE ESTIMATED DIRECT ECONOMIC IMPACT ON SEMINOLE COUNTY FROM YOUR EVENT (The Eco Impact form for the application can be found on the website): \$230,404 per tournament; 921,616.00 for all four tournaments combined. (Eco Impact Attached)

(12) WHAT IS THE **GUARANTEED MINIMUM** NUMBER OF ROOM NIGHTS YOUR EVENT WILL BRING TO SEMINOLE COUNTY? (This is the minimum number of rooms that must be captured by the event and documented by submitting the Room Night Pick-Up Form (Exhibit D) within 90 days of the conclusion of the event. The Seminole County CVB reserves the right to reduce the grant disbursement should the event fail to meet this minimum room night guarantee.) **130 per tournament. 520 total for all 4 events**

(13) PROVIDE A LIST OF OTHER EVENT SPONSORS AND THE AMOUNT(S) OF THEIR SPONSORSHIPS. Altamonte Sports (1,050.00 per tournament)

(14) PROVIDE THREE (3) YEARS OF THIS EVENT'S HISTORY, IF APPLICABLE. (Please See Attachment B for Detailed History of Event)

Previous Event: See Attachment B

Date See Attachment B Location See Attachment B

Contact Name/Phone: See Attachment B

Total Participants See Attachment. Room Nights See Attachment

Economic Impact See Attachment

(15) PLEASE PROVIDE DETAILS OF HOW THE EVENT WILL WORK:

1. FHC would like to host a total of four tournaments to be held at the Seminole County Softball Complex and Merrill Park on the following dates: November 21-22, 2009 January 23-24, 2010 March 6-7, 2010, & April 3-4, 2010. Each date is considered one tournament, and each tournament will utilize both Merrill Park and the Seminole County Softball Complex due to the high number of participating teams.
2. The FHC teams will be broken down into respective age divisions and the tournament committee will decide which teams will play at which locations based upon their current

standings. (Attached is a schematic FHC used for this past April tournament to schedule which team plays at which facility as it also indicates which field the teams will be playing on.) Each team is given a number, and the teams are able to identify which field/location and team they will be playing.

3. Merrill Park and Seminole County Softball Complex fees are \$16 per hour, per field before 5pm and \$23 per hour per field after 5pm. (Please see breakdown of hours in the invoices attached)

### **EVENT BUDGET SUMMARY**

#### **INCOME SOURCES:**

TOURIST DEVELOPMENT TAX REQUEST: \$12,364

ADDITIONAL INCOME SOURCES (Seminole County cannot be sole source.)

Altamonte Sports (1,050 per tournament) \$4,200

TOTAL ADDITIONAL INCOME: \$4,200

#### **OTHER INCOME SOURCES:**

Entry Fees: (195.00 X 50 teams= 9,750 per tournament) x 4 tournaments= \$39,000

TOTAL INCOME ALL SOURCES: \$55,564



**EVENT EXPENSES:**

Provide an itemized summary indicating the intended use of TDC funds. Please be as explicit as possible, including intended publications, promotional materials, etc. and how much money will be expended (tentatively) for each category. Use additional sheets if necessary.

**TOTAL EXPENSES**

<u>Umpires (54.00 x 120 games= \$6,480 per tournament)</u>	<u>\$ 32,400.00</u>
<u>Scorekeepers (\$9.00 x 120 games)= \$1,080 per tourney</u>	<u>\$ 4,320.00</u>
<u>Awards (1,500.00 per tournament)</u>	<u>\$ 6,000.00</u>
<u>Softballs (800.00 per tournament)</u>	<u>\$ 3,200.00</u>
<u>Promotional Flyers (250.00 per tournament)</u>	<u>\$ 1,000.00</u>
<u>FHC Tourney Admin (1,000.00 per tournament)</u>	<u>\$ 4,000.00</u>
<u>ISA Insurance/Sanction (1,000.00 per tournament)</u>	<u>\$4,000.00</u>
<u>FHC Commissioner Fee (300.00 per tournament)</u>	<u>\$1,200.00</u>
<b>Total Expenses:</b>	<b><u>\$ 56,030</u></b>

**Tourism Development Tax Request:** **\$ 12,364 (for all 4 tournaments)**

**Intended Utilization of Tourist Tax Funds:**

Public Facility Rental Fees (for all four tournaments) (1) November 21-22, 2009 (2) January 23-24, 2010 (3) March 6-7, 2010 & (4) April 3-4, 2010

<u>Seminole County Softball Complex- per tournament:</u>	<u>\$ 1,481.00 X 4 tournaments= 5,924</u>
<u>Merrill Park Softball Complex- per tournament:</u>	<u>\$ 1,610.00 X 4 tournaments= 6,440</u>

Total Tourism Funds- per tournament: \$3,091.00 X 4 tournaments = \$12,364.00



TOTAL EVENT EXPENSES

\$ (Check this amount)

CERTIFICATION

I have reviewed this Application for Funds from the Tourist Development Council. I am in full agreement with the information contained herein. To the best of my knowledge, the information contained in this Application and its attachments is accurate and complete.

Michael G. Puler - CHAIRMAN  
Chief Corporate Officer FHCASA, INC.

8-26-09

Date

[Signature]  
Witness

8/26/09

Date

**This Document was last updated on August 5, 2009.**

**II Details on your Organization:**

**ATTACHMENT A : Details of Your Organization**

- (1) Provide a quality year long softball program for Florida's senior softball players 50 years of age and over.
- (2) Softball tournaments for Florida seniors with over 200 teams affiliated with Florida Half Century.
- (3) Funds are monitored by each host team, organization secretary and treasurer.
- (4) Teams come from all over the State of Florida. Promotional fliers are sent to over 100 teams for each event. Events are also promoted on the Florida Half Century website and the Altamonte Sports website. In the past two years Florida Half Century Tournaments have accounted for over 3000 room nights in Seminole County.
- (5) Florida Half Century has experience in handling grants with other convention and visitors bureaus in Polk County, Pinellas County, Hillsborough County and Highlands County.



## ATTACHMENT B: Past History of FHC tournaments held in Seminole County

*Attachment B:*

### Florida Half Century Softball Tournaments in Seminole County

#### Fiscal Year 2008-2009

<u>Date</u>	<u>Teams</u>	<u>Room Nights</u>	<u>Economic Impact</u>
1/24-1/25 '09	55 teams	116 room nights	\$116,728
4/4-4/5 '09	77 teams	126 room nights	\$136,200
4/18-4/19 '09	74 teams	162 room nights	\$165,780
7/11-7/12 '09	34 teams	113 room nights	\$110,068

#### Fiscal Year 2007-2008

<u>Date</u>	<u>Teams</u>	<u>Room Nights</u>	<u>Economic Impact</u>
Oct. 20-21, 07	52 teams	361 room nights	\$277,011
Nov. 3-4 '07	32 teams	183 room nights	\$169,720
Dec. 7-8 '07	79 teams	436 room nights	\$417,879
April 12-13 '08	35 teams	184 room nights	\$171,104
June 16-17 '08	60 teams	349 room nights	\$388,006

**APRIL SWINGS SOFTBALL TOURNAMENT – APRIL 4-5, 2009**

Orlando Young Bucks – Seminole County Sports – FHCASA

Seminole County Complex and Merrill Park Complex

SEM	60s Division – Brkt 1	W	L	SEM	65s Division – Brkt 6	W	L
1	Lightning 60s			41	Florida Legends		
3	Big Cat Sports			42	Beef O Bradys The Villages		
4	Double L Roofing			43	Lakeland Rounders		
5	Red Storm			45	Port St Lucie 65s		
6	S. Florida Heat 60s			47	Tampa Bay Turtles		
SEM	60s Division – Brkt 2			SEM	65s Division – Brkt 7		
7	Senior Moments			48	Dan's Sports		
8	Primerica			49	Bucs & Bulls 65s		
10	Spring Hill Bar Envy			50	Surfin 65s		
11	Beach Boyz			51	3 Amigos Pro Shops		
13	Lake Wales Legends			52	Tampa Coyotes		
SEM	60s Division – Brkt 3			MP	65s Division – Brkt 8		
14	Kappy's Silver Foxes			53	Collier Classics		
15	Silver Aces			55	Highlands Cty Merchants		
16	Silver Rays 60s			56	ARComm Olde Stars		
18	Oasis Sharks			57	Tampa Bay Boltz		
19	Stancils Photos 60s						
				MP	70s Division – Brkt 9		
SEM	60s Division – Brkt 4			61	Suncoast Orthopedic		
20	Top Choice			62	Walnut Street Securities		
21	Acousti			63	Astros		
22	Classic Logos 60s			64	Clearwater Reds 70s		
25	Polk County Warriors						
26	Treasure Coast Pirates			MP	70s Division – Brkt 10		
				65	Pompano Beach Bums 70s		
SEM	60s Division – Brkt 5			67	American Legion Post 8		
27	Setting Sons			69	Ospreys		
29	Plaque Attack 60s			70	Beef O Brady's Sox		
30	Cartilage Crushers						
32	Brevard Athletics 60s			MP	70s Division – Brkt 11		
33	60 Something			71	Florida Tropics		
				73	First Coast Rehabilitation		
				74	Bucs & Bulls 70s		
				77	Kids & Kubs		
SEM	Seminole County			MP	Merrill Park Complex		
	264 W North Street				985 Merrill Park Drive		
	Altamonte Springs, FL				Altamonte Springs, FL		

Call Leo Miller at 407-898-7855 or JB Barner at 352-516-6651 or Duane Jones at 813-453-8302 for scheduling or weather information.



**APRIL SWINGS SOFTBALL TOURNAMENT – APRIL 4-5, 2009**  
**Orlando Young Bucks – Seminole County Sports – FHCASA**  
**Official Schedule**

	Seminole County Complex					Merrill Park Complex		
Sat	1	2	3	4	5	A	B	C
8:00	8-7	10-13		47-42		53-55	56-57	
9:10	11-8	7-10	52-49	45-41	42-43	57-53	55-56	71-74
10:20	13-11	48-52	49-50	41-47	43-45	61-62	63-64	73-71
11:30	5-1	3-4	50-51	19-15	14-16	67-65	70-69	74-77
12:40	1-6	4-5	51-48	18-19	22-21	62-63	64-61	77-73
1:50	33-29	6-3	15-14	16-18	25-20	69-67	65-70	
3:00	32-27	29-30		21-25	26-22			
4:10	27-33	30-32			20-26			
Sun	1	2	3	4	5	A	B	C
8:00	41-43	45-42		13-8		56-53	55-57	
9:10	43-47	42-41	52-51	11-7	8-10	53-55	57-56	71-73
10:20	47-45	51-49	48-50	7-13	10-11	62-64	63-61	73-74
11:30	20-22	16-15	49-48	50-52	4-6	64-70	69-63	77-71
12:40	25-26	19-16	18-14	5-3	1-4	67-62	61-65	74-77
1:50	22-25	21-20	15-18	6-5	30-33	70-67	65-69	
3:00	32-29	26-21	14-19	3-1	27-30			
4:10	29-27				33-32			

**Home Team on the right, always.**



# Seminole County Softball Complex

264 W North Street  
Altamonte Springs, FL 32714  
407-788-0609 fax 407-788-7383

Invoice No.

## INVOICE

### Customer

Name Seminole County CVB  
Address \_\_\_\_\_  
City Altamonte Springs State FL ZIP 32714  
Phone \_\_\_\_\_

Date 8/24/2009  
Order No. \_\_\_\_\_  
Rep \_\_\_\_\_  
FOB \_\_\_\_\_

Qty	Description	Unit Price	TOTAL
45	Saturday hours x five fields @ 16 / hour + tax	\$17.12	\$770.40
45	Sunday games at 16 / hour + tax	\$17.12	\$770.40
10	Saturday hours x five fields @ 23 / hour + tax	\$24.61	\$246.10
10	Sunday games at 23 / hour + tax	\$24.61	\$246.10
4	maitenance set up fee @ 40 / hour	\$40.00	\$160.00
	25 percent not for profit discount - 548.25		
	10 percent multiple day discount - 164.48		
		SubTotal	\$2,193.00
		25%	\$548.25
		10%	\$164.48
		<b>TOTAL</b>	<b>\$1,480.27</b>

### Payment Details

- ☐ Cash  
☒ Check  
☐

Office Use Only

PLEASE MAKE CHECK PAYABLE TO SEMINOLE COUNTY

THANK YOU!

# ALTAMONTE SPORTS & PROGRAMS INVOICE

624 Bills Lane

Altamonte Springs, Florida 32714

Phone 407-571-8728

Fax 407-571-8752

[www.altamontesports.org](http://www.altamontesports.org)



A Division of the City of Altamonte Springs Leisure Services Department

**August 24, 2009**

Business: Florida Half Century Senior Softball Tournaments

Full Name: Duane Jones, Secretary

Address: 14607 Brentwood Lane

City, State, Zip Code: Tampa, FL 33618

Phone Number: 813-453-8302

Fax Number: \_\_\_\_\_

Quantity	Description	Unit Price	TOTAL
	Florida Half Century Senior Softball Tournaments (FY 2009-2010)		\$0.00
54	Total number of hours facility at Merrill Park Recreation Center	\$16.00	\$864.00
12	Total number of hours facility at Merrill Park Recreation Center	\$23.00	\$276.00
6	Total number of field set-ups per day (3 field each day)	\$25.00	\$150.00
2	Total number/fee for staff each day at Merrill Park Recreation Center	\$160.00	\$320.00
			\$0.00
	REVISED ON: WEDNESDAY, AUGUST 26, 2009		\$0.00
			\$0.00
			\$0.00
			\$0.00
Subtotal			\$1,610.00
Taxes			
TOTAL			\$1,610.00

Please pay net thirty (30) days.